COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

OCTOBER 11, 2002

VIDEO TELECONFERENCE MEETING LOCATIONS:

KINKEAD BUILDING, 505 EAST KING STREET, ROOM 601, CARSON CITY
AND
SPECIAL CHILDREN'S CLINIC, 1161 SOUTH VALLEY VIEW, CONFERENCE ROOM
LAS VEGAS

MINUTES

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

David Ward, Chair Eric Albers, Ph.D. John Brailsford, Ph.D. Johanna Fricke, M.D. Rena Nora, M.D. Elizabeth Richitt, Ph.D. Joan McCraw, Registered Nurse (arrived at 9:20 A.M.)

CALL TO ORDER

Chair David Ward called the meeting to order at 9:15 A.M.

APPROVAL OF MINUTES

The following amendments were made to the August 23, 2002 minutes: Page 2, 8th paragraph, Dr. Rena Nora stated that the Suicide Prevention Center of Clark County [was] *has the potential for* closing due to a...; Page 3, 9th paragraph, ...Senator Ann O'Connell to participate in the Suicide *Resource* Coordination Task Force...; Page 5, last paragraph,, ...budgeting process to allow for the expansion [of] *services for* citizens and children...; Page 12, 5th paragraph, ...Dr. Harold Cook stated that this brochure is a result of [HEPA] *HIPAA*. It is an effort to legally inform patients what [HEPA] *HIPAA* is all about...; Page 13, 9th paragraph, ...white form is for medication [restraint] *intervention*.

MOTION: Dr. Rena Nora moved to approve the August 23, 2002 meeting minutes as amended, seconded by Dr. Elizabeth Richitt. The motion passed unanimously.

MOTION: Dr. Eric Albers moved to approve the Executive Session August 23, 2002 meeting minutes as presented, seconded by Dr. Richitt. The motion passed unanimously.

INTERLOCAL CONTRACT BETWEEN MHDS AND DIVISION OF HEALTH

Dr. David Rosin stated that the Interlocal Contract relates to pharmacy issues in the rural clinics. He stated that the Interlocal Contract is a result of a review and updating of policies and procedures related to pharmacy services throughout the Division. The Interlocal Contract is with the Health Division and allows psychiatric nurses in rural clinics to dispense psychiatric medications in rural Nevada.

Dr. Emmanuel Ebo, Statewide Pharmacy Director, stated that attachments to the Interlocal Contract specifically indicate what medications nurses can dispense and a listing of the rural clinics involved. A Bill Draft Request has been submitted to amend the statute to allow psychiatric nurses to dispense psychiatric medications in rural Nevada. The Interlocal Contract allows for immediate action and the Division can now standardize rural policies/procedures. This would then bring the entire state online as one entity.

It was clarified that a registered nurse is licensed and governed by the Board of Nursing. It was explained that there is a registered nurse at each of the major satellite offices, however, currently there is a vacancy for a registered nurse in Elko. Registered nurses travel to sub-satellite offices. There is a set scheduled day for the registered nurse or psychiatrist to be in the office to dispense medications.

Dr. Rosin raised the issue that satellite site pharmacies have been closed due to fiscal problems. Pharmacists have been lost to the private sector due to salary inequities. Upon questioning, Dr. Rosin stated that contract pharmacist services for satellite sites are very expensive. The closure of satellite site pharmacies has clearly impacted clients and their ability to access medications. Dr. Ebo has been successful in opening a pharmacy service site in North Las Vegas and reopening a site in Henderson.

There was discussion that pharmacy salaries could be placed in the medical compensation category. Pharmacy salaries are 40% less than in the private sector. The State is losing qualified individuals due to salary inequities. Upon questioning, Dr. Rosin stated that they have contracted with contract pharmacists, but it is very expensive and contract pharmacists have primary jobs and limited availability.

In the discussion regarding budget issues, concerns were expressed regarding coprescribing habits. Dr. Nora suggested making consumers and families aware of fiscal issues that might affect their medications. Dr. Jonna Triggs stated that meetings with consumer groups and advocates are addressing this issue. Dr. Harold Cook will be addressing NAMI regarding this issue at their November meeting.

Dr. Rosin stated that he has received budget approval to hire two additional psychiatrists. He stated that they would be at full staff level with 18 psychiatric positions.

The Commission discussed issues related to budget concerns and access to medications for clients coming from private institutions and Medicare. Ms. Joan McCraw expressed concern regarding individuals who cannot afford their co-payment and, as such, cannot afford their medications.

MHDS SOUTHERN ADVISORY BOARD

Ms. Santa Perez, by interpreter stated, "Santa first greeted the Board and stated that in September a statewide DCS waiver review from CMS was held and went well. The Governor's 3% budget reduction for DRC was thoroughly discussed. Due the down sizing of 12 beds from DDC and reduction in community residential support placements. the waiting lists will continue to grow through the remainder of the fiscal year. The Board drafted a letter to be sent to the Governor and Legislators urging them to restore the budget reductions through the next Legislative Session. There was no discussion on mental health issues. The Board approved the application of T.J. Rosenberg as a Board Member and sent it on for Commission approval. Ms. Perez said that the DMV has trained their staff on questions they may ask applicants when applying for a driver's license. In the past, questions were asked about the school they attended, classes they take, and medications they were taking. The Board Chair will contact the DMV in October for an update on how the training is progressing. The last item Ms. Perez reported was that two applicants from NDALC addressed two issues with the Board. The first is the quality of education provided special education students. There was a discussion of rights under the law and how to best advocate for services. The second issue was the quality of dental services. Dr. Cratic, a dentist servicing most DRC clients, presented her concerns about the lack of proper dental care funded by Medicaid. The only dental service provided to adults residing in the community is extraction.

ACTION: Stan Dodd was directed to determine what the Medicaid regulations are and report at the next Board meeting.

Chair Ward complimented the Board for their work with the DMV issue.

ACTION: Chair Ward requested that the Commission receive the same presentation with respect to dental services. He requested that Ms. Perez extend an invitation to the dentist that spoke at the Advisory Board meeting to present to the Commission. Chair Ward requested that this item be placed on a future agenda when the individual is available.

CRISIS CALL CENTER/SUICIDE PREVENTION COORDINATION TASK FORCE UPDATE

Ms. Misty Allen stated that she wrote the letter to Ms. Dorothy Bryant, Suicide Prevention Center of Clark County, regarding the development of a contingency plan for the roll over of hotline calls from the Suicide Prevention Center of Clark County to the Crisis Call Center. Ms. Bryant does not support the roll over of calls and stated that there are ethical and legal issues. Ms. Bryant stated that the Suicide Prevention Center is not closing down and if they do close down their answering service also closes down. As such, the answering service would be unable to roll over calls. Ms. Bryant stated she feels that it is unethical for individuals to think they are talking with one center when they are actually talking to another center. Ms. Bryant stated that individuals need to be informed about whom they are talking to when they call in. The Suicide Prevention Center of Clark County is dependent upon donations to continue operating.

Dr. Nora suggested that the Suicide Prevention Services Coordination Task Force could address the ethical issue of saving a life over the legality or ethical issues of call roll over.

Ms. Bryant asked the Commission to help the Suicide Prevention Center of Clark County continue operating. The Center currently receives 5,000 calls a year.

Chair Ward reminded Ms. Bryant that the Commission is not a funding agency, but an oversight of services to the Mental Health and Developmental Service populations. Chair Ward stated that suicide is an important issue with the Commission. He stated that the coordination of services is an important issue to the Commission, as well as the assurance of best practices that comes with certification with agencies that serve clients. Chair Ward stated that the Suicide Prevention Center of Clark County provides an important service, but there is a lack of coordination of services.

Dr. Nora suggested that the Suicide Prevention Center be included in the coordination of services. The Commission is wiling to help in the accreditation and coordination with the Crisis Call Center. The Commission would like the Suicide Prevention Center to continue operating.

Ms. Bryant stated they are not just a hotline, but provide training in the community on suicide prevention. Ms. Bryant feels that the Suicide Prevention Center programs and Crisis Call Center programs are different. Ms. Bryant indicated that funding is the problem. She asked for suggestions to help find funding, not provide the funding.

Chair Ward encouraged Ms. Bryant to appoint an individual within the organization to focus directly on obtaining funding resources. Commissioner McCraw suggested that the Center try to obtain a grant writer or sponsor(s) for the Center.

During a discussion regarding the roll over of phone calls, Ms. Bryant stated that individuals who call their hotline do not want to be rolled over to a state agency. Commissioner Brailsford felt that a suicidal individual does not care who or where the calls are rolled over to, they just want someone to talk to. Concerns were expressed that a suicidal individual needs to be talking with a trained individual.

Ms. Allen stated that the Crisis Call Center is part of a national network and calls are received from numerous places. Ms. Allen stated that a disclaimer could be placed on the answering portion of the call when the call is rolled over. Upon questioning, Ms. Allen stated that they operate 24 hours a day with multiple volunteers. Ms. Allen stated that calls into the Crisis Call Center are up 30% in Clark County and up 15% statewide.

ACTION: Dr. Nora requested that legal counsel research the legality issues with the roll over of calls.

AMERICAN ASSOCIATION OF SUICIDOLOGY: 2000 RATE, NUMBER AND RANK

Dr. Nora stated that according to the American Association of Suicidology report, Nevada is now ranked 2nd in the number of suicides in the United States. There were 29,350 completed suicides in the United States, with 400 from Nevada. Suicide is the

11th cause of death in adults and the 3rd cause of death in youths. There are 734,000 annual suicide attempts in the United States.

STUDY OF SUICIDE PREVENTION SUMMARY OF RECOMMENDATIONS

Dr. Nora stated that the "Study of Suicide Prevention" is a summary of a year's work from a Legislative Subcommittee. The report includes 19 recommendations, including a recommendation for other subcommittees. Dr. Nora stated that the Subcommittee developed four Bill Draft Requests. The study recommends implementation of a suicide prevention plan for the whole state.

Dr. Nora stated that the Suicide Prevention Services Coordination Task Force (SPSCTF) held its first meeting on October 8, 2002. Dr. Nora stated that 18 individuals were invited to participate in the Task Force; there were seven participants in Las Vegas and two participants in Reno. The participants discussed the charge of the Task Force and determined that the Task Force's focus is on the coordination of resources available for the entire state. The Task Force discussed that they will be working along the lines of the efforts of the Legislative Subcommittee and their 19 recommendations. Dr. Nora stated that the SPSCTF reports to the Commission and will work closely with the Division of MHDS. Dr. Nora stated that in the initial phase, the Task Force would like to identify resources. Dr. Nora would like to receive information from other agencies to create a directory or website of resources. Dr. Nora stated that the Task Force discussed conducting a survey regarding the type of services, survivor services, funding, public education, and professional training available.

Dr. Nora stated that the next meeting of the Task Force is scheduled for November 19, 2002. Dr. Nora thanked Dr. Brandenburg's office for providing staff support.

Deputy Attorney General Ed Irvin advised that neither the Commission nor MHDS should have concerns regarding the phone call roll over. The only possible concern would be if there were any recordings of phone calls. Nevada has a very unusual statute, in which if you are going to record a telephone conversation it is very unwise not to request and receive consent. However, Mr. Irvin stated that this is not an issue in this case. Mr. Irvin stated that the only other possible issue would be the identification of the person answering the phone. Mr. Irvin emphasized that his advise related to the Commission and MHDS. The Suicide Prevention Center from Clark County should seek legal advise from its legal counsel.

Chair Ward granted a break at 11:15 A.M. The meeting reconvened at 11:25 A.M.

PUBLIC COMMENT

Ms. LaVonne Brooks, High Sierra Industries and a member of the Rates Strategic Plan Task Force, asked for Commission support on three different positions within the Rates Strategic Final Plan. The Rates Strategic Plan has been finalized and is on the web site. Ms. Brooks stated that there are concerns that the recommendations were based on research and there was a significant increase, 34% - 37% increase in rates depending on program type. Ms. Brooks stated that providers along with the State are

working on a solution to perform a step-by-step process over the next few years to implement the increase. Ms. Brooks stated that the Task Force recommended not only an impact to the dollars, but also recommended a variety of practice changes. One change is the rate increase move from an enhancement in the budget to a maintenance portion of the budget. Ms. Brooks encouraged the Commission to support the move from enhancement to maintenance budget. Ms. Brooks stated that there are also a number of process changes with regard to how money is essentially accounted for, particularly within the supported living arrangement services within the state. Changes in the administrative process would allow staff to be more productive without spending additional dollars.

ACTION: Chair Ward requested that the Commission receive a copy of the Executive Summaries from all three Task Forces and a copy of the Rates Task Force recommendations.

GOING HOME PREPARED RE-ENTRY GRANT - DEPT. OF CORRECTIONS

Ms. Dorothy Nash-Holmes, Correctional Programs Administrator for the Nevada Department of Corrections, reported that Nevada received a \$2 million grant. The Department of Corrections received a federal grant initiative of \$1.4 million for the "Going Home Serious and Violent Offender Re-Entry Initiative," with the juvenile program receiving the remainder. Ms. Holmes stated that MHDS is an active partner in this grant. This grant will allow the Department of Corrections to meet with the rest of the community to develop a system for re-entry and transitional services for prisoners coming out of prison into Nevada communities. This grant was intended to fill in the gaps in a stage prisoner re-entry system. The Department of Corrections will be creating the network over the next three years. Four positions will be created within the Department of Corrections, a Re-Entry Coordinator, two caseworkers and a secretary. The grant also includes two social workers for the Division of Parole and Probation, and one position for SNAMHS – a clinical social worker. The Department of Corrections went before IFC on September 9, 2002 and received permission to accept the grant. Ms. Holmes stated that the Commission/MHDS needs to go to IFC and get permission to hire the clinical social worker position. Ms. Holmes stated that the Department of Corrections is waiting for the funds to be released from the federal government to get started. This is a three-year grant and Nevada has identified a class of 400 serious and violent offenders. This grant is targeted to Southern Nevada, because 65% of inmates paroled or released are in Southern Nevada.

Ms. Holmes stated that this is the largest cooperative operation in Nevada. There are 46 partners in this grant. There will be an Advisory Board that will meet quarterly; three operating committees that will meet monthly; and a Re-Entry Planning Committee that will meet weekly. A re-entry team will be formed around each individual to develop a plan that is selected for this program. When that individual is released, Parole and Probation will supervise/coordinate the community delivery of services. The Community Accountability and Support Committee will meet once every other month, once inmates are released onto the streets. Their job is to touch base with the inmates every few months and to re-assess the inmates after a year in the community to determine if the plan is working and determine if any changes need to be made to the plan or services.

Ms. Holmes stated that there will be intensive parole supervision for the first six months and report to a re-entry court in the 8th Judicial District once a month. There will be some level of reporting every month to the court. A system of intermediate sanctions is being devised to include treatment, community service, etc. The Parole Board, as a condition of parole, will ORDER individuals to participate in this program. There are three phases to the grant: Phase I – institutional services; Phase II – re-entry into the community; and Phase III – follow-up. The Department of Corrections, for the first time, will be using assessment instruments to determine the need of treatment and the risk level – level of supervision. The Department of Correction will be developing measurement criteria to determine if the program is a success. The Department of Corrections will be reporting to the Legislature every quarter.

ACTION: Chair Ward requested that the Commission receive a yearly informational update.

Upon questioning, Ms. Holmes stated that 400 inmates have been identified and the program expects to serve 50-200 of those identified. Ms. Holmes stated that there are not a lot of individual direct service funds available, due to the development of the network of this program. Ms. Holmes stated that they expect the first inmate to get out in March/April 2003.

Ms. Holmes stated that the Department of Corrections has developmentally disabled inmates that are not being properly served. The Department will be reviewing this issue and will be requesting help from the Commission and MHDS in this area.

(Dr. Nora left the meeting)

DS POSITIVE BEHAVIORAL SUPPORT

Dr. Don Jackson presented a Power Point Presentation. Dr. Jackson stated that his presentation was at the request of Dr. Brandenburg to inform the Commission of the Positive Behavioral Support (PBS) program in Nevada. Dr. Jackson stated that they are developing a statewide program to provide training and supports for individuals with challenging behavior. This specifically is related to people with mental retardation and developmental disabilities, but there this is a larger challenge to see how this program would fit in other arenas. The program's hallmark is collaboration. One of the program's priorities is to look at people who are coming out of jail who have developmental disabilities. There is a Task Force at Sierra Regional Center and in other parts of the state to review the needs of the people who present with forensics issues in Nevada. The program is not creating a parallel system of supports or forensics programming for people with disabilities, but to device a way to do the habilitation piece of treatment.

Dr. Jackson stated that PBS Nevada is a collaboration between state agencies, the Universities, community agencies, and the school system. PBS Nevada was funded initially through the efforts of the developmental centers, and currently through private agencies. Dr. Jackson stated that a grant was received July 1, 2002, from the Fund for Helping Nevada. The grant is for \$150,000 for the first year and \$150,000 for the second year. The Program needed to build capacity in personnel and families to build a

better delivery service system for people who have the challenging problems. There are more and more community agencies providing services. As of December 2001, approximately 3,000 people were served by Nevada Developmental Services. The PBS program was accepting approximately 35 individuals a month. Dr. Jackson stated that about a third of the people who receive services from Sierra Regional Center have some type of diagnosis related to behavior or psychiatric disorders. Of the total population served, about 10% are currently provided with some type of treatment plan involving restrictive treatment. Dr. Jackson stated pursuant to the Olmstead Act, Nevada needs to consider and provide community supports for individuals when appropriate.

Dr. Jackson stated that PBS is about prevention and teaching, as opposed to consequences after the fact. The vision is to have a culture that is sustainable of individuals with behavioral competence by developing and implementing positive support plans. PBS develops plans that decrease those behaviors that interfere with community citizenship and increase for social behaviors. Dr. Jackson feels strongly that for change to occur we need to address the systems issues as well. Ultimately, behavioral support is the redesign of environments, not individuals. This is a whole person approach to help individuals achieve a better life.

Dr. Jackson reviewed the Progress Report. The program has five case studies styles on extended supporting trainings that have occurred since the program began. The first trainings began in Reno in 2000. The Program has trained about 20 teams. A team includes individuals who support an individual.

The program has a half-time state coordinator from UNR and a half-time southern coordinator. The program has continuing support from the Division of Mental Health and Developmental Services, Washoe ARC, Nevada PEP, the Department of Education, Literacy Council, and various other agencies. A database is currently under development and a web site is currently under construction. Dr. Jackson stated that PBS is included in the AB 513 Strategic Plan, as one of the recommendations for positive behavior support. The Program has statewide administrative awareness and support.

Dr. Jackson stated that PBS will have a statewide support system, information system, and technical assistance. Dr. Jackson stated that PBS is on the way to establishing a sustainable collaboration between public and private agencies. Dr. Jackson stated that the Strategic Plan for PBS is to have PBS be the standard for addressing problem behaviors, add 50 more trained support by August 2004, 25 consultants statewide working around the state, strong inter-agency association, school-wide projects, and have a sustainable funding base.

Dr. Eric Albers questioned if there were problems with record sharing amongst the collaborative. Dr. Jackson stated that this is an issue and has been addressed. There are confidentiality issues with the various agencies involved. Dr. Jackson stated that with participation in any of the extended trainings or consultations, a letter of commitment and informed consent is requested. Upon questioning by Dr. Albers, Dr. Jackson stated that this program could be expanded to the mental health area.

Dr. Johanna Fricke asked how to access PBS services. Dr. Jackson stated that PBS provides individual trainings for the team and provides individual consultations. It was indicated that that families that are currently in the Desert Regional Center system could request to be included. Dr. Jackson stated that PBS is channeling all referrals through Jeanine at WARC. There is a website with answers to commonly asked questions.

Dr. Richitt questioned how to get access to training for teams regarding walking restraints. Chair Ward indicated that Dr. Jackson is working with agencies to provide training.

Dr. Jackson stated that they are currently working on a more sustainable funding grant. The current grant terminates in August 2004.

Ms. Hosselkus clarified that prior to PBS obtaining the grant, this training and program was supported and started by staff from the MHDS Division. Dr. Jackson has been the mainstay of the program. Dr. Jackson, along with Dr. Crowe, wrote the grant.

MENTAL HEALTH PLANNING ADVISORY COUNCIL REPORT

Mr. Andrew Zeiser stated that the Council received eight proposals in response to its third annual request for proposals for consumer-focused programs. They were evaluated at the August 26, 2002 meeting, and a total of \$35,000 was awarded for fiscal year 2003 to the following recipients: Nevada Recovery Guide: website that provides a resources of recovery; Northern Nevada Adult Mental Health Services: Canteen Employment Learning Lab; and Mental Health Association of Southern Nevada: Leadership Academy Training – training to consumers for grass roots organization and advocacy.

Mr. Zeiser stated that the Council completed the annual renewal of the Center for Mental Health Services Community Mental Health Services Block Grant. The grant was submitted on September 1, 2002. The current grant award for Nevada is \$2.8 million.

Mr. Zeiser stated that Nevada is scheduled to participate in the annual Regional Consultative Peer Review Process for the Block Grant on November 7, 2002, in Seattle, Washington. Council Staff Members, DCFS and MHDS are required to complete the review process each year, even though Nevada has submitted a two-year application.

Mr. Zeiser stated that the Council, DCFS and MHDS are working on the annual Block Grant Implementation Report due each December. Staff members have had a planning meeting to begin addressing these new requirements and are currently working on the report.

Mr. Zeiser stated that the next Council meeting is scheduled for October 29, 2002, in the Tillim Room at Northern Nevada Adult Mental Health Services. The primary focus of the meeting will be to revise the Council's bylaws and review draft of the Implementation Report.

CONSUMER SERVICES ASSISTANCE PROGRAM UPDATE

Ms. Alyce Thomas introduced Mr. Bob Wolfe, one of the successful candidates for the position of Consumer Services Assistant. Ms. Thomas stated that they have begun recruitment for the 7th staff position.

Ms. Thomas briefly reviewed the Annual Work Plan for the Consumer Services Assistance Program. She stated that she is currently working on the training curriculum for staff. Ms. Thomas would like to make Consumer Assistants comfortable working along side professionals. Ms. Thomas stated that they are currently working on a Resource Recovery Guide for consumers. The Nevada Recovery Guide is on the Internet, but not all consumers have access to the Internet.

A lunch break was granted to 12:50 P.M. Chair Ward reconvened at 1:30 P.M.

SUICIDE TRAINING POLICIES FOR CHILDREN

Dr. Christa Peterson, on behalf of Mr. Ed Cotton, stated that they are currently surveying the various programs to determine what policies are in place.

ACTION: Dr. Peterson will report at a future meeting of the Commission.

MENTAL HEALTH CONSORTIUM UPDATES - CLARK COUNTY

Dr. Peterson updated on the Clark County Consortium. The Plans are being placed on the DCFS website. Clark County Consortium is working on their 2nd annual plan, which will focus on the behavioral health care needs of children in the juvenile justice system. The Consortium is also in the process of looking to implement recommendations and action steps from the first annual plan. Dr. Peterson stated that the Legislative Committee in general endorsed all of the recommendations and is going to be including some of the legislative action steps in their formal report. At the local level, the Clark County Consortium has several action steps that they are implementing as a community.

Dr. Peterson stated that it is important to make sure that all the Consortiums are working together and coordinating actions.

AGENCY DIRECTOR REPORT

SNCAS - Upon questioning regarding the 3% budget cuts, Dr. Peterson stated that to enact the 3% budget cuts, they are closing a unit and the waiting lists will be getting larger. Upon questioning, Dr. Peterson stated that they will be attempting to place acute children in other facilities.

MENTAL HEALTH CONSORTIUM UPDATE - WASHOE COUNTY

Mr. Les Gruner stated that that the Washoe Consortium met last week and were focusing on goals. The Commission received a copy of the full report and goals in the mail. The Consortium has decided to develop three work groups: 1. One group will continually update the legislature on mental health needs by a survey format; 2. The

second group will take a closer look at assessment and working collaboratively with consortium partners to develop an assessment process including the instruments consistent throughout the communities; and 3. The third group will focus on the next annual plan due in January and focus on the goals and objectives. Mr. Gruner stated that the Consortium hopes to provide survey numbers to the Commission by the December meeting.

Upon questioning by Dr. Albers, Mr. Gruner stated that the report contains the specific barriers that were identified through the survey process and they were prioritized. Mr. Gruner reviewed the top barriers. 1. Families have a duplicate and complex paperwork process. This takes away from treatment time. 2. In order to provide individualized services, there needs to be a network of services, not piecework development of programs.

Dr. Nora supported one computerized system to reduce duplications of paperwork.

Mr. Gruner stated that Medicaid is revamping how they deliver services and suggested that the Commission invite someone from Medicaid to make a presentation on the changes.

AGENCY DIRECTORS' REPORT

NNCAS – Mr. Gruner reported that the adolescent treatment center has three vacant positions that have been justified and approved to be filled. He stated that they are in the process of hiring. Mr. Gruner stated that the program hopes to be back up to 16 beds in the near future.

NATIONAL TECHNICAL ASSISTANCE CENTER (NTAC) S/R NATIONAL INITIATIVE

Dr. Kevin Crowe stated that this is a new national initiative sponsored by the National Technical Assistance Center (NTAC). Nevada has been selected as one of the five host/lead states. Dr. Crowe stated that the goal of the initiative is to train states to reduce or eliminate the use of seclusion or restraint. As a first step, the NTAC has developed a national curriculum. Nevada will be hosting a sequence of regional training sessions. The invitations will go out in January/February, and the onsite training is slated for August 2003. The training will involve clinical staff and hospital staff. The regional workshops will involve 75-100 individuals. This is fully funded by the National Technical Assistance Center.

ACTION: Dr. Crowe indicated that he would update the Commission as this program progresses.

Dr. Crowe stated that the use of seclusion/restraint in Nevada is amongst the lowest in the nation, and well below the national average.

ACTION: Dr. Richitt requested that the Commission receive copies of, "The State Mental Health Commission's Recommendations for Change and Future Directions." Dr. Crowe stated that the Division has copies of this report and will provide copies to the Commission.

Dr. Richitt asked if there were any plans to organize the AIMS system data for useful predictors. Dr. Crowe stated that there is no current plans to use the data in that way, but can revisit this issue at a later date. Dr. Crowe stated that this would be a very labor intensive project. Chair Ward clarified that the Commission would like to review the data on only completed suicides for individuals where data has been collected and could possibly be done by one of the universities or a study group.

Ms. Hosselkus clarified that the Commission was requesting an analysis of those completed suicides in which risk assessments had been completed.

ACTION: Ms. Hosselkus suggested that the Division take a look at this project and the time restraints and develop a strategy/plan to move forward with this project.

Dr. Albers suggested using the Suicide Research Center, through the Center for Disease Control, for data information. This Center is funded to collect this data and this issue is one of their goals.

MHDS ADVISORY BOARDS: NORTH – EXECUTIVE SUMMARY REPRESENTATIVE PAYEE PROGRAM

Dr. Watenabe stated that the Northern Advisory Board is currently dealing with two issues, the Representative Payee Program and budget cuts. Dr. Watanabe stated that the North Advisory Board was directed to be responsible for the Representative Payee Program in the Executive Summary. The Representative Payee Program is a program approved by Social Security. The representative payee agency is responsible to put an individual's funds into an account and from that account pay bills and personal needs for the party they receive the funds for. The Northern Board was very concerned about the consequences of no additional representative payee services to the unserved population in this area and the extra burden this puts on the agencies serving them. Dr. Watanabe stated that the agency, "Community Counseling" is a possible solution in northern Nevada.

ACTION: The Commission requested a copy of the Executive Summary.

IMPACT AND RESPONSE TO 3% BUDGET CUTS

Dr. Watanabe stated that in response to the 3% budget cuts, there was a position paper submitted to the North Advisory Board regarding the termination of state funding for the psychiatric residency training program at NNAMHS. He stated that this is on the forefront of the current activities of the North Advisory Board and the Advisory Board is very concerned regarding the staffing of the hospital.

Chair Ward stated that the Commission is aware of this situation and is very concerned. He stated that Ms. Hosselkus will further update the Commission on this issue.

AGENCY DIRECTOR'S REPORT

SNAMHS - Dr. Jonna Triggs stated that in response to the 3% budget cuts, they have trimmed \$952,000 from their budget. They have significantly reduced overtime, to include that all RN's work 8 hour work periods. Dr. Triggs stated that they have hired the Director of Community Services. They have lost their Administrative Services Officer and are in the hiring process. She stated that the Homeless Grant was awarded to West Care.

LAKES CROSSING - Dr. Elizabeth Neighbors stated that their report was omitted from the packet and will be forwarded to Commissioners. Dr. Neighbors stated they are doing well with staffing with regards to the four forensic specialist positions. There were twelve applicants for that position. Dr. Neighbors stated that they continue to struggle with keeping a complete nursing staff. There are currently five vacancies. She stated that they have contracted with a per diem provider that will help back the nursing staff. Dr. Neighbors stated that 58 out of the 80 positions are filled. Dr. Neighbors stated that their 3% budget cuts involved terminating the program at the Clark County Detention Center and the Las Vegas City jails. Dr. Neighbors feels that this will have a significant impact. As of October 20, 2002, there will no longer be staff there. Lakes Crossing also gave up a psychiatric intern position in order to meet the budget cuts. Dr. Neighbors stated that they are working on a partnership with the University of Nevada, Reno. There is a model program at the Colorado Psychiatric Institute Forensic Unit that they are studying, as they have been able to significantly reduce their seclusion and restraints.

SRC - Dr. David Luke stated that the impact of the 3% budget cuts accelerated efforts to move individuals into the community. They are in the process of closing twelve institutional beds at Sierra Regional Center. There will be twelve more closed at Desert Regional Center. Those individuals will be moving to community settings and there will be a reduction of about 14 ½ staff positions at Sierra Regional Center and slightly more in the south. The individuals will be moved to the community and use community funding approved for the remainder of the year. The outcome will be that individuals on waiting lists will be waiting longer for community residential support. After the community move is completed, there will be about 40 institutional beds.

IMPACT AND RESPONSE TO 3% BUDGET CUTS LETTER OF SUPPORT FOR MH FACILITY IN SOUTHERN NEVADA GRANT WRITER UPDATE

The above items were discussed at the October 10, 2002 meeting.

BUDGET OVERVIEW UPDATE

Ms. Hosselkus stated that the Division Administrators have scheduled a meeting Monday morning with Budget Director Perry Comeaux to present the Division's budgets. Ms. Hosselkus stated that in response to the discussion regarding the residency program, a plan was submitted to Director Willden on funding the residency program through the remainder of this fiscal year. Director Willden was very supportive and was

meeting with Director Comeaux to discuss this option. Ms. Hosselkus has not yet received any information regarding the outcome of the meeting.

ACTION: Ms. Hosselkus will notify the Commission of the outcome of the budget meeting.

Ms. Hosselkus stated that with the 3% reduction, some services have been lost and there is no growth in the MHDS budget submitted for the next fiscal year. In response to Chair Ward, Ms. Hosselkus stated that MHDS does advise the Budget Office as to projected growth and provides information, and those items are referred to as special considerations.

INFORMATIONAL

Ms. Hosselkus stated that the following were included in the Commissioners' packets:

- NASMHPD Cultural Diversity Series: Meeting the Mental Health Needs of Persons Who are Deaf;
- NTAC Networks: Eliminating the Use of Seclusion and Restraint;
- NAMI People to People: NAMI Meeting w/6161 Agency Director Dr. Jonna Triggs;
- BBC Research & Consulting: Nevada Special Needs Housing Assessment Final Report.

Dr. Rosin stated that the mentally ill and the deaf community do not attempt to access MHDS services. He stated that the Technical Assistance Report, dealing with seclusion and restraint for the deaf community, highlights the problems in our system for people in that culture. There are major obstacles in this area.

The Commission discussed concerns regarding deaf individuals and mental health issues.

ACTION: Chair Ward directed Dr. Kevin Crowe to review the number provided in BBC Research and Consulting and determine if the numbers are accurate.

REPORT FROM MHDS COMMISSIONERS/ROUND TABLE DISCUSSION

Dr. Fricke questioned how to submit information to Chair Ward regarding Commission priorities. Chair Ward stated that he would prefer e-mail for timeliness.

Chair Ward stated that he will develop an Executive Summary with a cover letter and back up reports.

Dr. John Brailsford expressed support for increasing pharmacist salaries to compete with the private sector. He thanked Dr. Nora and Dr. Triggs for providing feedback on the southern Nevada hospital issue. Dr. Brailsford supported conducting meetings at the Special Children's Clinic in Las Vegas.

Dr. Fricke stated that she was horrified to hear earlier today that there will not be services for children, ages 6-12, and treated only by a waiting list at Monte Vista. She expressed concern and stated that there needs to be additional beds for children.

Dr. Nora expressed concern regarding medications in the county detention centers, state facilities, and jails. Dr. Nora stated that these centers dispense old medications and there needs to be an awareness of the side affects of old medications when used with new medications. Dr. Nora stated that there is a separate and distinct new program for a residency program in southern Nevada. Dr. Nora stated that dual diagnosis is a barrier of care and needs to be paid attention to. Dr. Nora stated that there are ten exemptions from confidentiality and questioned when confidentiality can be applied.

Mr. Irvin stated that Nevada has taken the federal law and has put it into one statute. Mr. Irvin reminded the Commissioners that there are concerns that the Commission should be considering related to confidentiality only contained in federal law.

ACTION: The Commission requested to receive a copy of Nevada Revised Statute 433A.360. Mr. Irvin will provide this at the next meeting.

Dr. Albers suggested that the Commission restructure the agenda format. Dr. Albers suggested that the Commission have important components of discussion earlier in the day.

Ms. Hosselkus suggested that the Commission assign exact times for specific presentations.

ACTION: Chair Ward stated that exact times be listed on the next agenda for specific presentations. The Commission agreed to discuss how to tackle and address Commission responsibilities.

NOMINATIONS OF TERRY ROSENBERG - SOUTHERN ADVISORY BOARD

MOTION: Dr. Nora moved to approve Terry Rosenberg as a Member on the Southern Advisory Board, seconded by Ms. McCraw. The motion passed unanimously.

Dr. Brailsford moved to go into Executive Session to consider the character, alleged misconduct, professional confidence, physical or mental health of a person in relation to the denial of the rights of a client or the care and treatment of a client, seconded by Ms. McCraw. The motion passed unanimously.

The Commission regular meeting was closed at 3:10 P.M.

Respectfully submitted,

Christina Harper Recording Secretary